

LEA Name: _____

() FINAL REPORT

() PRELIMINARY REPORT

Indicate on the Table below the amount of REAP funds that were expended on each row's activities.

EXPENDITURES AND BUDGET TABLE

Line	Actual Alternative Program Activities Where Funds Were	Object: [A] 100 Salaries [B] 200 Employee Benefits [C] 300 Purchased Services [D] 400 Supplies & Materials [E] 500 Capital Acquisitions [F] TOTALS [G] BALANCE						
1	Title I, Part A - Targeted Assistance Programs	Budget						
		Exp\Obl						
2	Title I, Part A - Schoolwide Programs	Budget						
		Exp\Obl						
3	Title II, Part A - Teacher Quality Programs	Budget						
		Exp\Obl						
4	Title II, Part D - Education Technology Programs	Budget						
		Exp\Obl						
5	Title III, Part A - Limited English Instruction Programs	Budget						
		Exp\Obl						
6	Title IV, Part A - Safe and Drug-Free Schools Programs	Budget						
		Exp\Obl						
7	Title IV, Part B - 21st Century Learning Centers Programs	Budget						
		Exp\Obl						
8	Title V, Part A - Innovative Programs	Budget						
		Exp\Obl						
9	Column Totals	Budget						
		Exp\Obl						
10	Indirect Costs	Budget						
		Exp\Obl						
11	Grand Total Expenditure must equal Line 18 below.	Budget						
		Exp\Obl						
12	STATE USE ONLY	Funds Not Budgeted						
	STATE USE ONLY	Unused Funds						
13	STATE USE ONLY	Funds Released						
	STATE USE ONLY	Carryover						

Indicate in the Table below the amount of funds that were contributed from each funding source.

SOURCE OF FUNDS TABLE

Line	ORIGINATING SOURCE OF FUNDS	REVENUE CODE	AMOUNT USED
14	Title II, Part A	4159	
15	Title II, Part D	4156	
16	Title IV, Part A	4176	
17	Title V, Part A	4157	
18	TOTAL FUNDS USED (Must equal Total Expenditures amount on Line 11)		

STATE USE ONLY			
Program	Unused Funds	Released	Carryover
Title II, Part A			
Title II, Part D			
Title IV, Part A			
Title V, Part A			
Totals			

19	REAP FUNDS RECEIVED	\$	
20	REAP WARRANTS IN PROGRESS	\$	
21	TOTAL REAP FUNDS RECEIVED AND WARRANTS IN PROGRESS	\$	
22	GRAND TOTAL EXPENDITURES AND OBLIGATIONS (from Line 11)	\$	
23	TOTAL DUE TO THE STATE (Line 21 minus Line 22)	\$	(Enter amount only if Line 21 exceeds Line 22)
24	OUTSTANDING OBLIGATIONS (SUBMIT FINAL PCR WHEN LIQUIDATED)	\$	

CERTIFICATION: I declare and affirm under the penalties of perjury that this report has been examined by me and to the best of my knowledge and belief is in all things true and correct

Signature - Authorized Representative_____
Date